



# 403(b) Authorization Form

Employer \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ Ph.Type office cell other

\_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_

Date Business Commenced \_\_\_\_\_ EID # \_\_\_\_\_

Business Code \_\_\_\_\_ Trust # \_\_\_\_\_

Contact Person \_\_\_\_\_ Fiscal YE \_\_\_\_\_

Email \_\_\_\_\_ Plan YE \_\_\_\_\_

Entity type Non-profit \_\_\_\_\_

Accountant \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Inv. Advisor \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Annuity Contracts / Custodial Account: \_\_\_\_\_

\_\_\_\_\_

Board of Directors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Plan \_\_\_\_\_ **403(b) Plan**

Effective Date of Plan \_\_\_\_\_ Date of Resolution \_\_\_\_\_

Effective Date of Provisions \_\_\_\_\_ IRS Plan # \_\_\_\_\_



**ELIGIBILITY**

*Employer*

- \_\_\_\_\_ Minimum Age
- \_\_\_\_\_ Months of Employment (24 max)
- \_\_\_\_\_ Hours of Service (1,000 max)

*Employer Match*

- \_\_\_\_\_ Minimum Age
- \_\_\_\_\_ Months of Employment (12 max)
- \_\_\_\_\_ Hours of Service (1,000 max)

- All employees who, regardless of hours, are employed on:
  - Employer Contribution: \_\_\_\_\_
  - 401k & Match: \_\_\_\_\_

*Employee Deferral*

**EXCLUDE**

***No Age or Service Requirement Allowed – Immediate Entry***

- None
- Students performing Certain Services
- Under \_\_\_\_\_ Hours Per Week (20 Hours max)
- Minimum Annual Salary Reduction \$ \_\_\_\_\_ (\$200 max)

**ENTRY**

- Earlier of first day or 7<sup>th</sup> month (*SEMI-ANNUAL*)
- First day of plan **QUARTER**
- First day of **MONTH**
- Date eligibility is satisfied

**EMPLOYEE DEFERRAL**

- |             |                                     |  |
|-------------|-------------------------------------|--|
| ACP Test    | <input type="checkbox"/> Prior Year | <input type="checkbox"/> Current Year                          |
| Roth        | <input type="checkbox"/> Yes        | <input type="checkbox"/> No                                    |
| Safe Harbor | <input type="checkbox"/> N/A        | <input type="checkbox"/> 3% Contribution                       |
|             |                                     | <input type="checkbox"/> 3% NHCE only (New Comp. default)      |
|             |                                     | <input type="checkbox"/> Basic Match \$/\$ up to 3%+50 next 2% |
|             |                                     | <input type="checkbox"/> Enhanced Match _____                  |

Special Effective Date for Provision \_\_\_\_\_

**VESTING**

*Vesting Schedule*

*Vesting Begins*

- |   |  |
|---|--|
| _____ Hours of Service  | <input type="checkbox"/> Plan Start Date |
| <input type="checkbox"/> 6 Years (0,20,40,60,80,100%)             | <input type="checkbox"/> Date of Hire    |
| <input type="checkbox"/> __, __, __, __, __, 100% (Minimum above) |  |
| <input type="checkbox"/> 3 Year Cliff (0,0,100%)                  |  |
| <input type="checkbox"/> 100% Immediate                           |  |

EXCLUDED

None  Union  Class: \_\_\_\_\_

\_\_\_\_\_

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CONTRIBUTION  
REQUIREMENT

*Employer*

Employed on last day  
 1,000+ hours  501+ hours  Hours: \_\_\_\_\_

*Match*

Employed on last day  
 1,000+ hours  501+ hours  Hours: \_\_\_\_\_

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ALLOCATION

Proportion of Compensation  
 Integrated with Social Security  
 Age Weighted  
 Comparability (*target*): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

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INVESTMENT

*Employer Contributions*  Trustee  Participant

*Matching Contributions*  Trustee  Participant

*Employee Deferral* Trustee  Participant

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PLAN YEAR

Begins on the first of \_\_\_\_\_ Ends on the last of \_\_\_\_\_

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EMPLOYER

N/A or *Shall also mean:*  Predecessor  Other

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Are there any controlled/affiliated service group businesses including spouses? No Yes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does employer have/had any other qualified plans in past 5 years? No Yes: IRS# \_\_\_\_\_

Plan Name \_\_\_\_\_ Plan Type \_\_\_\_\_

Active or Terminated? \_\_\_\_\_

\_\_\_\_\_

CLIENT RESPONSIBILITY CHECKLIST

- Promptly provide: annual census, ERISA bond, blackout notice, investment statements.
- Provide participants: beneficiary/enroll forms, SPD, SAR, QDIA and 404(a)(5) information.
- Timely salary deferral and loan payments required (7 days).
- Review General Overview (ACP, Top-Heavy, 100% vest Safe Harbor w/ no last day).
- Follow proper applicable termination, distribution and Force-out procedures.
- F&B may be compensated by investment provider (if so, typically up to 5/100 of 1%).
- F&B requires 45 days after receiving data to provide administration or a rush fee applies.

Install / Restate Base \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ / Participants \_\_\_\_\_ = \$ \_\_\_\_\_

Administration Base \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ / Participants \_\_\_\_\_ = \$ \_\_\_\_\_

See Fee Schedule for complete list. Special pricing valid for up to three years.

Assets held outside of a platform subject to additional accounting charges.

Pricing Notes \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE FARMER & BETTS TO PERFORM THE WORK FOR FEES LISTED

**X** \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

OFFICE USE				
_____ F&B Admin	<input type="checkbox"/> PYE	<input type="checkbox"/> 1 SPD		
<input type="checkbox"/> New Plan	<input type="checkbox"/> Takeover-restate	<input type="checkbox"/> Takeover-old doc	<input type="checkbox"/> Existing Plan Change	<input type="checkbox"/> Doc Only
Consultant: _____		Administrator: _____		

ACH bank information

NOTE: Attach an unsigned, voided check below. The document you attach must be preprinted with the bank name and registration, routing number and account number. A signature authorization of auto debit will be required.

Tape your document here.

Abc Incorporated  
 Bank account registration

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

Anonymous Bank  
 Bank name

|:999999999|:  
 Bank routing number

0000000000|:  
 Bank account number

Bank name	Bank routing number
Bank account number	Bank account registration (the name preprinted on the check)

*\*I authorize **Farmer & Betts, Inc.** to initiate either an electronic debit or to create and process a demand draft against my bank account **quarterly**, starting 1<sup>st</sup> business day of 1<sup>st</sup> month (January, April, July, and October) in the quarter for the amount of \$\_\_\_\_\_, which is subject to adjust annually based on participant(s) count. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Farmer & Betts, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I understand that there may be a 5<sup>th</sup> billing annually to true-up for additional work and/or participants. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.*

The 1<sup>st</sup> auto draft payment in the amount of \$\_\_\_\_\_ is to include applicable Plan Documents Installation and/or accrued Plan Year-to-Date Administration fees due.

Authorized Account Signer	Date
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